

HAWAII DEPARTMENT OF HEALTH  
ADULT MENTAL HEALTH DIVISION (AMHD)

REQUEST FOR INFORMATION (RFI)  
RFI No. HTH 420-6-06  
CONCERNING INTERIM HOUSING SERVICES FOR KAUAI

Before issuing a Request For Proposals (RFP) for interim housing services for adults with severe and persistent mental illness (AMHD Consumers) in Kauai, AMHD is seeking, through this RFI, comments on the availability of potential service providers and conditions on Kauai that might be considered in the development of the RFP.

**DESCRIPTION OF THE SERVICE:** Interim housing serves consumers for a maximum of six (6) months with services provided by multidisciplinary staff available on-site and on duty twenty-four (24) hours a day, seven (7) days a week. Interim housing services is a forensic, recovery oriented program targeted for consumers being diverted from the Hawaii State Hospital, prison or jail; released from prison or jail; living in the community but at risk for losing their conditional release; and for those, who, without twenty-four (24) hour care, would further decompensate and increase their likelihood of hospitalization or revocation of conditional release. This service shall be individualized, integrated into the community, and provided in the most normal and least restrictive setting possible, consistent with each consumer's needs and court requirements.

**WHERE ADDITIONAL INFORMATION IS AVAILABLE:** To receive a copy of the Request For Information by mail, fax, or email please contact Ray Gagner, AMHD Contracts Coordinator.

**SUBMITTAL DEADLINE FOR RESPONSE TO THE RFI:** Responses to this RFI are requested by March 9, 2006.

**FORM OF RESPONSE REQUESTED:** Interested parties are requested to reply in writing to any or all of the questions stated in the RFI. Responses may be of any length and in any format elected by respondents. Responses may be sent by mail, fax, or email.

**DATE AND LOCATION OF ORIENTATION MEETING:** An orientation meeting is not planned as part of this RFI.

**AMHD CONTACT PERSON:** Responses to this RFI or questions concerning it should be addressed to:  
Ray Gagner

AMHD Contracts Coordinator  
1250 Punchbowl Street, Room 256  
Honolulu, Hawaii 96813  
Telephone: (808) 586-4688  
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PLEASE NOTE THAT PARTICIPATION IN THIS REQUEST FOR INFORMATION PROCESS IS OPTIONAL, AND IS NOT REQUIRED IN ORDER TO RESPOND TO ANY SUBSEQUENT PROCUREMENT BY THE DOH ADULT MENTAL HEALTH DIVISION. NEITHER THE DEPARTMENT OF HEALTH NOR ANY INTERESTED PARTY HAS ANY OBLIGATION UNDER THIS REQUEST FOR INFORMATION.